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COVID-19 and Masculinities in Global Perspective: Reflections from Promundo's Research and Activism

Men and Masculinities

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Abstract

COVID-19 has affected individuals and communities in gendered ways. A spike in men's violence against women has been documented in multiple settings. Women have faced disproportionate job losses in many countries. Men have died at higher rates from COVID-19 for both biological and social causes. Masculinist responses by some national leaders, and men's lower propensity to adhere to COVID-19 related health recommendations are also gendered. Research further confirms that both women and men in the context of heterosexual households increased their time devoted to unpaid care, even as women's increases were generally higher. In the face of these challenges some NGOs increased programming to engage men in violence prevention and carried out advocacy to promote men's more equitable participation in unpaid care work. As the world recovers from the pandemic in 2021, an understanding of how masculinities and gender norms and power dynamics affect recover will be vital.

Keywords

activism, africa, aging, agriculture, anthropology

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As of the beginning of March 2021, the global death toll from COVID-19 reached nearly 2.7 million with more than 123 million confirmed cases. The global economy has suffered job losses not seen for decades. In much of the world, the economic effects of COVID-19 have been disproportionately experienced by women, particularly lower income women. At different moments during the pandemic, between 60% and 90% of children have been out of school, some studying online, bringing an increased unpaid care work, carried out disproportionately by women. Numerous studies and governmental reports have affirmed increases in men's violence against women, and women and children (and men) survivors of domestic violence faced new challenges to access protective services. In many countries, it has been the lowest income women and men, particularly those working in essential services and those in the informal sector or gig economy, who economically have suffered the most. They have also been least likely to have access to protective equipment and least likely to be able to socially distance.

To this litany of the gendered impacts of the pandemic, political leadership has also often been gendered. Hyper-masculinist leaders in the United States, Brazil, and other nations continued, and some continue, their strong-man leadership, often denying the extent of the pandemic in their countries, questioning basic public health science, or both. Others, like Modi in India, who responded appropriately to the seriousness of the pandemic nonetheless have acted in unilateral, autocratic ways, without negotiation and without adequate social protection for families affected by strident lockdowns and economic stress. On the other hand, countries led by women have consistently fared better during COVID-19. Considering the individual leadership styles of the women heads of state, this may be because countries with electorates who elect women leaders are generally more supportive of gender equality and basic social justice.

All of these data confirm that a gendered lens on COVID-19, and specifically an understanding of how masculinities shape COVID-19 response, matter, particularly when combined with a lens on racial and social class disparities. Whether in death rates, leadership styles, structural health and economic vulnerabilities, or the compliance by women and men in different ways to public health recommendations, masculinities matter for COVID-19—for understanding its impact and damage, and for responding to and recovering from its effects.

Differential Death Rates

While confirmed COVID-19 cases more or less evenly affected women and men, men were 1.2 times more likely to be hospitalized for COVID-19 and 1.4 times likelier to die from COVID-19 due to a combination of greater biological risk and higher confounding chronic health problems.¹ Low-income men and men of historically marginalized groups in some countries have been even more likely to be hospitalized or die from COVID-19. These trends reflect both a biological risk for men—due to generally less robust immune systems than women—as well as men's

greater share of chronic health conditions, all driven by a combination of social norms related to men's health practices and the structural conditions of men's lives, referring to their working conditions, access to health care, and intersecting racial and social class disparities.

Men's Greater Risk-taking Behavior and Lower Compliance to Health Safety Protocols

Salient masculinist norms related to self-care (or lack thereof) mean that in many settings men have been less likely than women to follow public health recommendations such as social distancing and mask-wearing, and less likely to support mask-wearing and other measures as a form of caring for others. Men's life-threatening and chronic health conditions are often related, at least in part, to prevalent social norms of masculinity, including toughness, stoicism, independence, and strength. All of these in turn interact with access to health information and health services. For young men in some countries, defiance of social expectations—whether related to substance use, alcohol use, or mask-wearing—is seen as a rite of passage, a way to affirm one's identity and a hypermasculine status before peer groups. Similarly, during COVID-19, several studies have found evidence that men have been less likely to adhere to mask-wearing practices and practice social distancing and hand-washing than have been women. During COVID-19, the socially driven norms of manhood have been deadly (Ruxton and Burrell, 2020).

The Gendered Crisis of Unpaid Care

COVID-19 has also been a crisis of unpaid care. Recent analysis by Promundo affirmed that, globally, women carry out 3.3 times men's daily care work. Even before the pandemic, no country in the world had achieved gender equality in aggregate time spent in unpaid work caring for children, other family members, and homes. This is true even as some countries in northern Europe and North America have seen men's time spent in unpaid care work increase, and as women across the globe have entered the paid workforce in numbers approaching those of men. Globally, women's daily hours of paid or unpaid activities exceeds men's by nearly one hour. As paid care workers for children, elders, and others, globally women continue to be paid less than men who are their counterparts.

During COVID-19, women and men have spent more time working from home, and children have been likely to be out of school. Both women and men have correspondingly devoted increased time to unpaid care, the former far more. In a five-country survey that Oxfam led and Promundo co-developed, 44%–70% of women reported doing more care work during COVID-19, with higher rates in lower income countries. About 36%–79% of men said that their unpaid care hours increased, most often in assisting children with schoolwork. Men in heterosexual partnered relationships, as reported by female partners and by men themselves, are

doing more unpaid care work during COVID-19 lockdowns, which potentially bodes well for gender equality, but this increased time came alongside women's even greater increases in time devoted to unpaid care during COVID-19.

The psychological effects of the increased unpaid care during COVID-19 are also gendered. In the Oxfam–Promundo study, 43% of women reported feeling more anxious, depressed, isolated, overworked, or ill because of the increased care burden. They carry the increased unpaid care work at the expense of rest, creative work, and connection. Single mothers, women in poverty, and women from ethnic and racial minorities reported the largest increase in unpaid care work and the highest rates of anxiety (Oxfam, Promundo-US and MenCare, 2020).

Many civil society organizations have advocated policies to increase men's unpaid care work during COVID-19 in 2020. Through the global MenCare campaign, led by Promundo and Sonke Gender Justice, NGO partners in South Africa, the Netherlands, Poland, and Colombia successfully advocated for increased paternity leave. MenCare partners in Eswatini, Canada, South Africa, and other countries launched campaigns during COVID-19 to further promote awareness about caregiving inequality. In the District of Columbia, where MenCare research was part of advocacy for increasing paid leave, one of the most generous leave policies in the United States came online in July of 2020. MenCare also partnered with the corporate sector to understand and reduce barriers to men's use of parental leave in workplaces that offer paid leave in addition to or instead of governmental guaranteed leave. While many of these efforts were underway before the pandemic, anecdotal discussions with NGO partners suggests that COVID-19 increased policymakers' and corporate leaders' attention to carework inequality given the urgency of COVID-19 care needs and their personal experiences of being home with their children.

Masculinities and Social Norms Online and at Home

What children watch or stream, and particularly gendered content, is important. During COVID-19, children and adults have spent more time online. Boys ages 8–13 spend the most time online, including watching or streaming television. To understand the gendered content they see, Promundo and the Geena Davis Institute studied the 25 most watched shows by boys in this age range (according to Nielsen ratings), analyzing 447 episodes. The analysis found that while boys see the equal representation of white men and women in leading roles, they are less likely to see men of color, LGBT+ individuals, or disabled characters than with their proportions of the population; in short, for the television boys watch in the United States, manhood is mostly able-bodied, white and heterosexual. Boys are more likely than girls to be shown without parents and less likely to be shown as relationally close to their parents. Men are also less likely than women to show empathy and more likely to be shown involved in risky behavior (Geena Davis Institute et al 2020). A new global initiative, led by Promundo and the Kering Foundation, rooted in these

findings promotes parental engagement with boys, questioning harmful ideas of manhood and calling attention to how online content can be harnessed for change.

Increased time spent online also matters for older boys and adult men. The politics of online angry manhood and antifeminist sentiment may have increased during COVID-19. New studies by the Danish government, among others, documented the angry Internet and the manosphere, estimating how many young men partake in such discussions (Centre for Digital Youth Care, 2020). Although the online communities of “involuntary celibates” and “Men Going Their Own Way” existed before COVID-19 and will continue after, social isolation and the deliberate right-wing politicization of some men’s increasing economic precarity suggest 2020 was a particularly fertile year for their expansion efforts.

Increase in Men’s Violence Against Women

The Center for Global Development recently documented 45 rigorous studies of domestic violence rates during COVID-19, the majority of which showed increased violence during COVID-19 (Peterman and O’Donnell, 2020). Most of the civil society, United Nations, and governmental attention to gender-based violence during COVID-19 has, appropriately, been on women and children survivors. Some countries, however, have increased online access to teacher trainings about violence in classrooms and new direct discussions with boys and young men about gender-based violence. Some Latin American countries also have offered new or expanded telephone hotlines for men, seeking to reach them before they use violence. A growing body of research affirms the efficacy of well-designed and gender transformative education and community mobilization efforts to engage men and boys in gender-based violence prevention. To date, however, scant research has measured the impact of hotlines or the differential effects of online or virtual trainings versus face-to-face group education or community mobilization. As the world returns to “normal” after COVID-19 sometime in 2021, assessing what works to end men’s violence against women and engaging governments and civil society to maintain, scale up, and universalize evidence-based prevention must expand.

Conclusions

Where to from here? How do these issues matter for moving ahead as vaccinations roll out? Alongside the terrible toll of COVID-19, there are at least two clear areas of hope. First, during the pandemic, more children than ever before have seen their fathers involved in unpaid care work, which bodes well for long-term gender equality. Men who have devoted increased hours to care work may not revert to the unequal “normal” after COVID-19. In the Oxfam–Promundo study, the highest increases by men in care work were reported in those countries where men historically have done less of it. This suggests that change is possible, that men can be

nudged to shoulder a greater share, and that COVID-19's structural effects may drive a shift in men's greater participation beyond the pandemic. Notably, however, if women's higher departure from the labor market continues post-COVID-19, the likelihood of long-term change in women's and men's unequal working lives and caregiving will likely continue. This affirms the need for continuing advocacy for gender equality and for national policies to support it, including investing in the social infrastructure to support all facets of the care economy as well as urgent attention to women's job losses.

Second, COVID-19 has cast additional light on the extent of men's violence against women. Anecdotally, an encouraging trend during COVID-19 has been increasing awareness among policymakers, the corporate sector, and NGOs working in gender equality that masculinities matter, and an understanding that social norms and structural drivers of masculinities exist. The discussion advanced by the diverse voices across the #Metoo movement, and long before, is making it into the public discourse, and that seems to have continued or even increased during COVID-19. While this discussion about manhood is often polarizing, it is encouraging to see public health sectors, UN agencies, the news media, education systems, and celebrities discussing this topic. The test, of course, is if this awareness turns into sustained funding and if policymakers continue to make ending violence against women the priority it should be.

It remains to be seen, of course, where these trends take us. There are ample data to suggest that gender oppression will continue to rear its ugly head in new and creative ways even as the structures around it shift and change, including those unleashed or exacerbated during COVID-19. Moving forward, understanding the implications of COVID-19 for healthy, nonviolent, equitable versions of manhood globally is vital for achieving true gender justice.

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Note

1. COVID sex-disaggregated data were referenced at: <https://globalhealth5050.org/the-sex-gender-and-covid-19-project/the-data-tracker/>

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